

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE DF INCIDENT 18-DEC-2017		TIME 1850	ADDRESS OF OCCURRENCE 3605 S PRAIRIE AVE CHICAGO, IL 60653			LOCATION CODE 304	BEAT/DCCUR. 0212	VIDED RECDRED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> DTHER VIDEO
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) STREET			ASSIGNMENT TYPE <input type="checkbox"/> DN-VIEW <input checked="" type="checkbox"/> OTHER DFF DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FDR SERVICE		
	EVENT NO. 12641		RD NO. JA554518	IR NO. 2243558	CB NO. 19578305	CHARGE 720 ILCS 5.0/24-3.1-A-2 - UUW - UNLAWFUL POSSESS HANDGUN		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
INVOLVED MEMBER	LIGHTING <input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	WEATHER <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ <input type="checkbox"/> FOOT <input type="checkbox"/> VAN/BUS <input type="checkbox"/> PAPV	OFF DUTY		MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR	
	RANK 9161	LAST NAME WILLIAMS	FIRST NAME CORY	EMPLOYEE ID. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	AGE 43	HT. 511	WT. 205
	DATE DF APPT. 02-AUG-1999	UNIT & BEAT DF ASSIGN. 011	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	Minor Contusion/Laceration <input type="checkbox"/> Complain of Substantial Pain <input type="checkbox"/> Significant Confusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)	
SUBJECT INFORMATION	LAST NAME HENDRICKS		FIRST NAME CARLOS	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 07-JAN-1999	HT. 507	WT. 130
	ADDRESS 3812 S MICHIGAN AVE CHICAGO, IL 60653		TELEPHONE NO. 7734597993	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder	OTHER (Specify)		
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> Subject Alleged Injury		<input type="checkbox"/> Non/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal		
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> MOUTH/TEETH/SPIRIT <input type="checkbox"/> FLED <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> OTHER (DESCRIBE)					<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S [REDACTED] <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT DBJECT <input type="checkbox"/> KNIFE/CUTTING <input type="checkbox"/> CHEMICAL WEAPON <input checked="" type="checkbox"/> REVOLVER <input type="checkbox"/> EXPLODIVE DEVICE <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN	
								WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member	
MEMBER'S RESPONSE (Check all that apply)	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, IDENTIFY MANNER OF ATTACK?	MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Slabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)	Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input checked="" type="checkbox"/> Other - Describe in Narrative
	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input checked="" type="checkbox"/> Other - Describe in Narrative					Pursuing/Arresting Subject Charge: _____		Processing/Transporting/Guarding Arrestee Charge: _____	
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression			Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional	
WEAPON DISCHARGE	FORCE MITIGATION EFFORTS					CONTROL TACTICS			
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS					<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING			
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS				
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLSDSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE					<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> REVDLVER <input checked="" type="checkbox"/> SEMI-AUTD PISTOL <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> RIFLE <input type="checkbox"/> SHDTGUN <input type="checkbox"/> HELD OFFENDER DOWN AFTER HE ATTEMPTED TD RUN				
*AUTHORIZED BY (NAME)					RANK	STAR NO.	UNIT NO.		
WEAPON DISCHARGE	IND DF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE	WEAPDN SERIAL NO. AAZC912		WEAPDN CERT. NO. R040005S			
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> ND		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPDN? <input checked="" type="checkbox"/> ND <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST DTHER PERSON				
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NDN-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> ND		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE DF MEMBER'S WEAPDN (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NDNE <input type="checkbox"/> DTHER DBJECT <input type="checkbox"/> OTHER PERSON MEMBER <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNWDN				
TASER DISCHARGE ONLY		TASER DART ID ND.		PROPERTY INVENTORY NO.	PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CDNTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> DTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> DTHER	
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED 1	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE/ MANUFACTURER GLOCK GMBH	MODEL 42	DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	

## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DISTRICT OF OCCURRENCENOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):  OEMC  CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name) WILLIAMS, CORRY	STAR/EMPLOYEE NO. 17104	SIGNATURE [REDACTED]
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## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input checked="" type="checkbox"/> Gun Shot				HOW WAS INJURY SUSTAINED? <input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other			
<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal				<input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other			
<input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)							

WITNESSES <input checked="" type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.	WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED		<input type="checkbox"/> OTHER (Specify) AVAILABLE
	WITNESS STATEMENT					

## REVIEWING SUPERVISOR: COMMENTS

IN SUMMARY SGT MADIA #2657 RESPONDED TO THE 3605 S. PRAIRIE OBSERVED THAT ABOVE OFFENDER HAD SUSTAINED A GUN SHOT WOUND, WAS IN CUSTODY AND OBSERVED/RECOVERED A 22 CALIBER REVOLVER FROM SCENE. WHILE ON SCENE MEDICAL ATTENTION WAS GIVEN TO ABOVE OFFENDER WHO WAS THEN TRANSPORTED TO NORTHWESTERN HOSPITAL BY CFD AMBULANCE 4. SGT MADIA #2657 WHILE ON SCENE ENSURED THAT EVIDENCE TECHNICIAN WAS ORDERED AND SCENE WAS PROTECTED. SGT MADIA #2657 CONFIRMED OFFICER'S FIREARM WAS REGISTERED. U 17-025 NUMBER OBTAINED. SGT MADIA #2657 WAS UNAWARE ANY WITNESSES AT TIME OF SHOOTING.

ATTACHMENTS: <input checked="" type="checkbox"/> CASE REPORT <input checked="" type="checkbox"/> ARREST REPORT <input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> INVENTORY <input type="checkbox"/> IOD REPORT <input type="checkbox"/> TASER DOWNLOAD <input type="checkbox"/> OTHER	
REVIEWING SUPERVISOR: <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	<input checked="" type="checkbox"/> LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1087873

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) MADIA, DAVID	STAR NO. 2657	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 19-DEC-2017 0213
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.		RD NO.	
	18 DEC 2017	1850	3605 S PRAIRIE AVE CHICAGO, IL 60653		12641		JA554518	
	RANK	MEMBER LAST NAME		MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
	9161	WILLIAMS		CORRY		19578305	720 ILCS 5.0/24.3.1-A-2 - UUW - UNLAWFUL POSSESS HANDGUN	
SUBJECT LAST NAME			SUBJECT FIRST NAME		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. 07-JAN-1999
HENDRICKS CARLOS								

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

### SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

The offender underwent surgery at Northwestern Hospital

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

### LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

U#17-025 The actual shooting incident was not recorded by BWC. Appropriate BWC's worn by responding units were viewed by the reporting Deputy Chief and the involved member. No ICC system as the member was off duty and in his person vehicle. At this stage of the investigation no witnesses have been located or come forward who observed the shooting incident. The member had pulled over and was inside his vehicle when he was approached by two offenders. The above listed offender, Carlos Hendricks was armed with a H & R .22 caliber revolver and pointed said handgun at the victim officer. Offender Hendricks then threatened to kill the member unless he exited the vehicle. The member, in defense of his life, discharged his weapon one time, striking the offender in the abdomen. Offender Hendricks dropped his handgun and attempted to flee but was stopped by the member. The second offender/accomplice fled on foot NB. Offender Hendricks's weapon was recovered at the scene. Medical attention was requested via OEMC by responding units. Offender transported to Northwestern Hospital by Ambulance #4. COPA personnel on scene.

### LT OR ABOVE/INCIDENT COMMANDER:

- I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
- I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE
- REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
1087873

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
- NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
- A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

### ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO
- STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

O DONNELL, JAMES C

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19-Dec-2017